SPENBOROUGH URBAN DISTRICT COUNCIL



REPORT

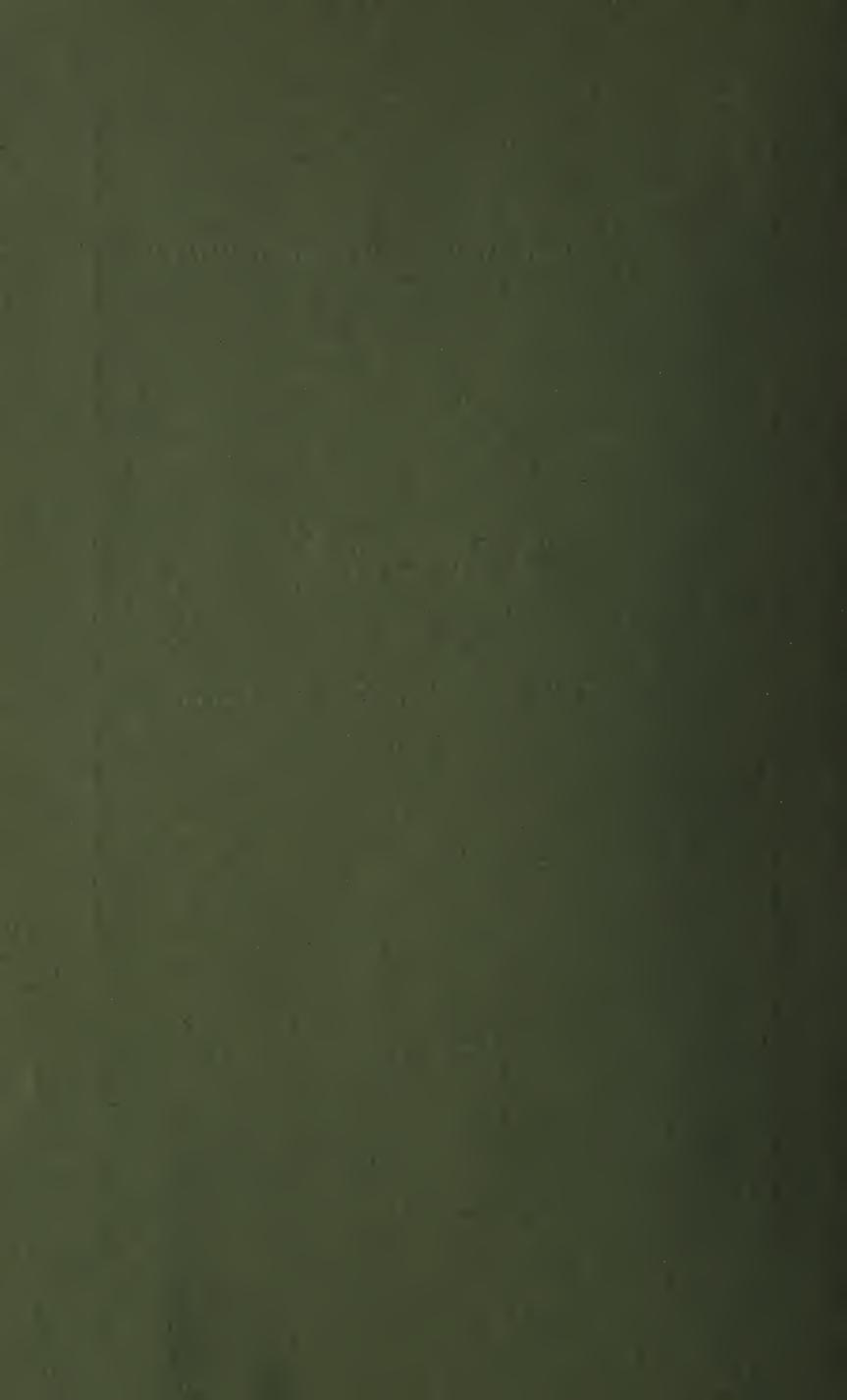
OF THE

MEDICAL OFFICER OF HEALTH

No. 26

For the Year

1945



SPENBOROUGH URBAN DISTRICT COUNCIL, 1945-1946.

Councillor S. R. ELLIS, Chairman.

Councillor E. CROSSLAND, Vice-Chairman.

Councillor J. R. B. ABBOTT, Councillor A. D. HEATON,

"E. BARSTOW, "S. B. JOWETT,

"B. BENTLEY, "L. MALLARD,

"R. BENTLEY, "E. MURGATROYD,

"C. PLACKBURN, "L. DINDER

,, G. BLACKBURN, ,, J. PINDER,

,, C. CHILD, ,, W. H. PULLAN, W. H. COOPER, ,, T. W. SHAW, E. CROWTHER, ,, F. T. SOBEY,

,, R. CROWTHER, ,, A. STOTT, ,, G. T. ELLISON, ,, Miss A. SUCK-

,, G. 1. ELLISON, ,, Miss A. Sucks SMITH,

,, R. M. GRYLLS, ,, W. JESSOP,

,, P. FAWCETT, ,, W. É. TETLEY,

,, J. V. SHORROCK, ,, Mrs. M. M. WAD-,, G. W. HAYES, DINGTON.

HEALTH COMMITTEE

and

MATERNITY AND CHILD WELFARE COMMITTEE.

Health Committee:

Councillor MALLARD, Chairman.

Councillor R. BENTLEY, Vice-Chairman.

Maternity and Child Welfare Committee:

Councillor Miss A. SUCKSMITH, Chairman.

Councillor Mrs. M. WADDINGTON, Vice-Chairman..

Councillor R. BENTLEY, Councillor SHAW,

,, R. CROWTHER, ,, SUCKSMITH,

,, ELLIS, ,, TETLEY,

,, HEATON, ,, WADDINGTON, BARSTOW, ,, B. BENTLEY.

" JESSOP,

Co-opted on Child Welfare Committee: Mrs. H. S. ATKINSON,

Dr. W. CHALMERS, Dr. E.W. N. WOOLER.

Representatives on Hospital Boards:

Liversedge and Mirfield-

Councillors BLACKBURN, CROSSLAND, R. CROW-THER, FIRTH and STOTT.

North Bierley-

Councillors ABBOTT, HAYES, MALLARD and WAD-DINGTON.

Oakwell---

Councillors COOPER and JOWETT.

STAFF OF HEALTH DEPARTMENT.

JAMES B. McKINNEY, M.B., Ch.B., B.A.O., D.P.H.

Medical Officer of Health.

School Medical Officer.

Medical Officer to Child Welfare Centre.

Medical Superintendent to Liversedge and Mirfield Isolation Hospital.

¶W. M. DOUGLAS, M.B., Ch.B., D.P.H. Deputy Medical Officer of Health.

*F. W. MARSDEN, C.R.S.I., Chief Sanitary Inspector (Resigned June).

*J. F. TEMPLEMAN, C.R.S.I., Deputy Chief Sanitary Inspector.

¶*P. FAULDS, C.R.S.I., Assistant Sanitary Inspector. *H. DYSON, C.R.S.I., Assistant Sanitary Inspector.

*G. M. GILMORE, C.R.S.I., Assistant Sanitary Inspector.

†Miss D. DAY, S.R.N., S.C.M., Health Visitor.

†Mrs. A. LONG, S.R.N., S.C.M., Health Visitor (Resigned Aug. 31st, 1945).

†Miss E. M. McLEOD, S.C.M., Health Visitor.

†Miss D. SCHOFIELD, S.R.N., S.C.M., Health Visitor.

Miss M. R. FURNESS; Chief Clerk.

¶W. F. THORNTON, Correspondence Clerk.

Miss M. ALDRIDGE, Junior Clerk (On National Service).

Mrs. E. M. CHAPMAN, Correspondence Clerk.

Mrs. V. THEWLIS, Clerk.

Mrs. C. D. ARMITAGE, Junior Clerk (Resigned Feb., 1945).

Miss F. M. WILSON, Junior Clerk (Commenced March, 1945).

Ambulance Service.

J. S. EARNSHAW, Foreman Ambulance Driver.

A. E. HUGGETT, Ambulance Driver (Resigned 5th Sept., 1945).

H. R. WATSON, Ambulance Driver.

T. HARDY, Ambulance Driver (Commenced 3rd Sept., 1945).

Mrs. D. LEWIS, Ambulance Attendant.

Mrs. E. IREDALE, Ambulance Attendant.

Mrs. H. J. PARKER, Ambulance Attendant.

War-time Nurseries.

Mrs. W. M. BROOKE, S.R.N., Matron.

Miss M. I. BRIGGS, Superintendent (Resigned 22nd July, 1945).

Miss K. ARMITAGE, Deputy Matron.

Miss M. A. LAWTON, Nursery Assistant.

Miss J. SCOTT, Nursery Assistant.

Mrs. G. L. SUMMERSCALES, Nursery Assistant.

Miss B. SHAW, Nursery Assistant.

Miss M. RYDER, Probationer.

Miss N. LISTER, Probationer.

Miss D. THORNTON, Probationer.

Miss M. GREGORY, Warden (Commenced 17th Sept., 1945).

† Part-time.

* Holds certificate for Meat Inspection.

¶ On Military Service.

To the Chairman and Members of the Public Health Committee. Ladies and Gentlemen.

I have the honour to submit to you the Annual Report relating to the Urban District of Spenborough, and the work of the Health Department for the year 1945, which has been drawn up in accordance with the suggestions of the Ministry of Health.

The favourable state of the public health during 1945, and indeed, during the whole war period, has been a very pleasant surprise to public health workers who, with the experience of the last war in mind, did not anticipate such satisfactory vital statistics. In considering the reasons for this satisfactory state of affairs, the importance of adequate nutrition, whereby the resistance of the body to infection is built up, cannot be over-emphasised, and much credit is therefore due to the Ministry of Food in providing for the equal distribution of the food available, and so ensuring a more balanced dietary than would otherwise have been possible.

War time discipline and controls which ensured a more even distribution of the necessities of life than would otherwise have been the case; better knowledge of food values; the issue of special allowances of milk and protective food to mothers and young children; a more ready acceptance by the public of the simple principles of healthy living; and the recent discoveries of medical science, are amongst the main contributory factors in this happy state of affairs. But there is no justification for complacency. Preventable illness due to tuberculosis, venereal diseases, and gastro-intestinal infections can, and must, be reduced still further. Given better housing and better hospital and clinic facilities, with more adequate staff to take advantage of recent developments in medical science, there is no reason why we should not still further reduce the maternal and infantile mortality rates. Moreover, our statistics record only deaths and the notifiable infectious and more serious diseases; they do not include that vast amount of minor ill health, which causes such suffering and unhappiness, and reduces output through absence from work. It is difficult to assess the amount of minor illness which occurs in this district, but that it is considerable and increasing in amount most employers of labour will readily admit. There is here a wide field for investigation by the Public Health Service and other agencies in the future.

In common with recent years, 1945 has produced many cases of infection of a gastro-intestinal character. Various investigations as to the possible source of infection in isolated cases and in group outbreaks have been carried out, but no definite conclusions have been arrived at, and there is good reason to believe that the cases which come under the notice of the Health Department constitute only a small portion of the actual cases which occur. Many of the cases are of a mild nature, and these mild cases constitute one of the main dangers of the illness, because through them infection can be passed on to others. Until a more precise diagnosis as to the causation of this form of illness can be arrived at, the remedies

would appear to be a wider appreciation by the public of how these diseases are spread, and the general acceptance of the importance of a higher standard of personal cleanliness. The inspection and registration of premises for the preparation of food stuffs, and instructions as to the washing of hands, etc., by the personnel are already being carried out, and the protection of food in its conveyance from the manufacturer to the consumer was making progress prior to the war, but, mainly due to the war effort, packages and paper protection have largely disappeared, and thus wholesale contamination of food is possible. It is to be hoped that a reversal to the pre-war protection of food will take place as soon as may be possible. In the past, legislation has been mainly concerned with the quality of food from the stand-point of "the nature and substance of the article "sold, and the question as to its bacteriological condition—that is, its disease-conveying possibility—has largely been neglected, with one or two notable exceptions, e.g., water and milk, for which definite standards of cleanliness have been laid down. More attention requires to be given in future to the bacterial cleanliness of food.

Spenborough, like other areas, has its share of problem families who, by their low code of behaviour and degenerate mode of life, turn their homes into evil-smelling and dirty premises without the slightest evidence of any attempts at cleanliness. These are fortunately few in number, but the individual members of such families bring fresh problems of a varied nature to the Public Health Department year after year, and seldom appear to show much sign of improvement. Another, but quite distinct type of dirty home, which is decidedly on the increase, is that of the old man or old woman who lives alone, having outlived, or been forgotten by, his or her relatives, and who has gradually fallen from better days into a perpetual condition of neglect of person and surroundings. Whilst for many their declining years are among the happiest of their lives, to these pathetic individuals old age is a time of loneliness and neglect, devoid of interest and of friendship. Personal and economic factors play their part in this deplorable situation, and equally a social element has contributed to it, arising from the decline of family life and of solidarity, and the reduction in the size of the average family. Hence many elderly and old people find themselves belonging, so to speak, nowhere, and their added years, won for them by the endeavours of the public health services with such a legitimate show of triumph have, in fact, proved a burden. A solution of this problem may not lie entirely within the scope of the Health Department, but in its solution the Health Department has undoubtedly a part to play. From a practical point of view, the problem will become increasingly pressing as a result of the recent population trend, because the numbers of the aged, both relatively and absolutely, are becoming, and will continue to become, greater. To them, entry into a public institution is invariably the last resort, which will only be accepted when illness or absolute incapacity supervenes. The establishment of groups of small houses conveniently placed within housing estates of the future, and supervised by a Health Visitor, or some similar social worker, would at least provide one line of approach towards a solution of this pressing problem.

During the war years the quantity of milk consumed has increased enormously, and this serves to emphasize the need for a stringent control of this important article of our dietary, both in its production and its distribution. I do not propose here to discuss further the question of universal pasteurisation as opposed to the establishment of disease-free herds of cattle, but there is one gap in our control of milk cleanliness which I think could be, and should be, closed at once. It is not at all uncommon for a Medical Officer of Health to be reasonably certain that a milk supply contains live tubercular germs, and yet he has no powers to stop the supply or to take steps to render it safe for human consumption. From the date when the Medical Officer first becomes aware that a milk supply is infected with tubercular germs, there is often an interval of 3, 4, 5 or even 6 months before the cow responsible can be isolated and destroyed. I feel strongly that the Local Authority should be given powers, under such circumstances, to institute a temporary compulsory pasteurisation of the supply until such time as they can assure themselves that the milk is free from infection. Representations to this effect have been made to the Ministry of Health and the Ministry of Agriculture, and I understand that the suggestion is under consideration.

Now that the war is over, Spenborough Council are tackling the housing problem with energy. Whilst everyone must be aware that a housing problem exists, few, I feel, can fully appreciate its magnitude. The conditions in which hundreds of families in the Spenborough Area are living to-day are incredible to anyone who has not experienced them at first hand. Re-organization of industry from the pursuits of war to those of peace will take time, and will bring many problems with it, so that the housing problem is unlikely to be solved completely in this generation, but it is to be hoped that in the fairly near future, the Health Department will be able to resume its work of slum clearance. The opportunity, afforded by the enormous applications received by the Housing Department for new Council houses, was taken to carry out a limited housing survey, and the deplorable conditions revealed are summarised in Table L in the body of the Report. This survey does not give any conception of the extent of the housing problem in the area, and an early opportunity should be taken to carry out a comprehensive housing survey.

The position regarding infectious disease has remained satisfactory throughout the year, the only incident of note being a sharp localised outbreak of Diphtheria, which took place in the Liversedge area. Fortunately no deaths occurred, and on the discovery and isolation of a virulent carrier, the outbreak was promptly controlled.

The number of births in the area during 1945 fell from 596 in the previous year to 471. This substantial decrease was due, in large measure, to circumstances connected with the progress of the war, but the problem of the declining population has not been solved, nor is it even on the way to solution. In fact, the contrary is unfortunately the case, for there does not yet appear to be any definite check to the decline in the size of the family. We require to know much more than we do at present as to why the downward

trend in population has been almost universal during the last quarter of a century or more. The effects are now becoming apparent in the decreased number of young people becoming available for entry into industry, and in the relative increase in the older age groups of the population. These two factors are of tremendous socio-economic importance, and their solution must be tackled energetically on a national scale.

In conclusion I should like to say how greatly I appreciate the assistance and support given me by the Chairman, the Vice-Chairman and members of the Health and Maternity and Child Welfare Committees, and I should also like to pay tribute to the staff of the Health Department for their unfailing loyalty, consideration and support.

I am, Mr. Chairman, ladies and gentlemen,

Your obedient servant.

JAMES B. McKINNEY,

Medical Officer of Health.

STATISTICS AND SOCIAL CON	DITION	S OF THE	AREA.					
Area (in acres) Population (Census, 1931 : 30,963)— estimated to mid. 1945	Registrar	General's	8,253					
Average number of persons to acre No. of inhabited houses to end of 19 Average No. persons per house	 945		4.09 11,965 3 (2.83)					
Number of houses overcrowded (estimate) % No. of houses overcrowded								
Rateable Value Product of Penny Rate		5	£174,727					
Population.	T.I. D.		1 1					
The population of the original Urban District of Spenborough at the 1931 census was 30,963. The Registrar General's estimate of the population of the enlarged Urban District of Spenborough for the middle of 1945 is 33,780, and this figure is used throughout								
this report in calculating rates.								
TABLE	Α.							
EXTRACTS FROM VITAL STATISTICS FOR THE YEAR								
Live Births—	Males.	Females.	Total.					
Legitimate Illegitimate	248 6	210 7	458 13					
Total	254	217	471					
Birth Rate per 1,000 estimated			Ti (1					
Still Births— Legitimate		Females.	Total.					
Illegitimate								
Total	10	4	14					
Still Birth Rate per 1,000 total Deaths—	Males.	still births: Females. 238	Total					
Death Rate per 1,000 estimate Deaths from Puerperal Causes: 1. Death and still births: 2.06.	ed populat	tion: 12.9.						
Deaths of Infants under 1 Year	20	Illegitimate 2	Total.					
Death Rate per 1,000 live birth	: 1,000 leg		100					
Death Rate of Illegitimate Infants	per 1,000	illegitimate						
live births		******* ******	153.8					

There were 471 live births during the year, which is 114 less than in 1944; the birth rate at 13.9 has consequently dropped from its high level of last year (17.2) and is considerably lower than the National average, although it conforms generally to the birth rate in Spenborough in other years since 1939.

The still birth rate of 28 per thousand live and still births shows an increase of 10 per thousand over the previous year. All the still births occurred in legitimate pregnancies, and in each case the medical facts were investigated as fully as possible. There was only one death from Puerperal causes, but this brings the maternal mortality rate for the year to 2.06 and is somewhat higher than that for England and Wales.

The death rate of illegitimate infants per thousand illegitimate live births reached the very high level of 153.8, and should be compared with the figure of 43.6 for legitimate infants. The problem of reducing the deaths among illegitimate infants is one which is fully occupying the attention of the Health Department staff.

TABLE B.
BIRTHS REGISTERED IN THE DISTRICT, 1945.

Roberttown and Norristhorpe Oakenshaw and Hunsworth Spen and Littletown Scholes Millbridge Birkenshaw Gomersal Hightown and Hartshead	15 8 7 16 9 14 23	Females. 15 10 7 6 8 14	30 18 14 22 15 22 37
Hightown and Hartshead	11	10	21
Cleckheaton—West	14	9	23
Cleckheaton—East	10	6	16
Totals	127	91	218

Deaths.

There were 436 deaths among Spenborough residents in 1945, and a death rate of 12.9 per thousand. This is below that of 1944, but higher than that for England and Wales, and slightly in excess of that for districts with a similar population throughout the Country. Almost three quarters of the total deaths were caused by Heart Disease (113); Intra Cranial Vascula Lesions (70); Cancer (62); other causes not specified in schedule (62).

Of 22 instances of death within the first year of life occurring in 1945, the most common causes are prematurity (8 cases), pneumonia (5 cases), and diarrhœal disease (3 cases). Cases of premature birth are investigated to determine whether anything further can be done in subsequent pregnancies. The proportion of deaths from diarrhœal disease is lower than might be expected in an area of this type.

There was a very heavy incidence of measles during the year in Spenborough; 712 cases were notified, and the incidence rate was double that for the Country as a whole and for similar districts throughout the Country. More than half the total number (419) occurred in the age group 1 to 5 years, and there was 1 death which occurred in an infant under 1 year of age.

In the last quarter of the year there occurred a small localised but explosive outbreak of diphtheria in the Liversedge district; 22 persons became infected, the majority in the age group 5-15 years. The majority of the cases were of the utmost clinical severity, and in view of this it is worthy of note that no deaths occurred, although at the time there appeared every likelihood that there would be several. Another interesting feature of the outbreak was that there were two distinct types of diphtheria involved. One produced a small minority of cases of relatively mild degree, and the second type, a large majority of cases, and all of severe degree. Prompt action in isolation of cases, passive immunisation of contacts, house to house examination of possible contacts, and examination of schools in the neighbourhood, brought the outbreak to an abrupt halt and revealed the source. Altogether three healthy carriers, in whom the presence of one or other of the types of germ were discovered were unearthed and isolated. Two of the carriers had previously been immunised against diphtheria; five of the cases had been immunised in the previous 5 years; 17 of the cases had had no previous immunisation, and in them diphtheria was seen in its most acute form.

Table C.—Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate and Case Rate of Certain Infectious Diseases in the year 1945 compared with other areas.

			RATES PER 1	,000 TOTAL	Population	1
		England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at Census 1931)	London	Spen- borough
Births						
Live Still		16.1 0.4 6	19.1 0 .58	19.2 0.53	15.7 0.40	13.9 .41
Deaths All causes Typhoid and Para		11.4	13.5	12 3	13.8	12.9
Typhoid and Fara Typhoid Scarlet Fever Whooping Cough Diphtheria Influenza Small Pox Measles		0.00 0.00 0.02 0.02 0.08 0.00 0.02	0.00 0.00 0 02 0.02 0.07 0.00 0.02	0.00 0.00 0.01 0.02 0.07 0.00 0.02	0.00 0.00 0.02 0.01 0.07 0.00 0.01	0.00 0.00 0.00 0.00 0.11 0.00 0.03
Notifications						
Typhoid Para Typhoid Cerebro Spinal Feve Scarlet Fever Whooping Cough Diphtheria Erysipelas Small Pox Measles Pneumonia	er	0.01 0.01 0.05 1.89 1.64 0.46 0,25 0.00 11.67 0.87	0.01 0.00 0.05 2.02 1.65 0.52 0.28 0.00 10.89 1.03	0.01 0.01 0.05 2.03 1.47 0.56 0.24 	0.01 0.00 0.06 1.57 1.25 0.31 0.31 0.00 9.03 0.78	0.00 0.00 0.06 2.63 0.44 0.88 0.26 0.00 21,04 0.97
Deaths under 1 year of age (Rates per 1,000 Live Births)		46	54	43	53	46
Deaths from Diarrhoea and Enteritis under 2 years of age (Rates pe 1,000 Live Births)	r	5.6	7.8	4.5	7.6	6.3
Maternal Mortality (Rates per 1,000 total Births) (Live and Still Puerperal Infection Abortion with Sepsis Abortion without Sepsi	11)	1.22 0.24 0 .25 0.08				2.06
Notifications Puerperal Pyrexia (Rates per 1,00 Live and Still Births)		9 .93	12:65	8.81	15.87 (Including Puerperal Fever)	Nil

CAUSES OF, AND AGES AT DEATH, DURING THE YEAR 1945.

Table D.

Causes of Death		All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and over	Males	Females	Deaths in Institutions
Respiratory Tuberculosis Other forms of Tuberculosis Syphilitic Disease Influenza — Measles Cancer Diabetes Intra Cranial Vas. lesions Heart Disease Other Diseases of Circ. Syster Bronchitis Pneumonia Other Respiratory Diseases Diarrhoea under 2 years Appendicitis Other Digestive Diseases Nephritis Maternal Causes Premature Birth Congenital Mal. Birth Injury Infant Diseases Suicide Road Traffic Accidents Other Violent Causes All Other Causes All Other Causes	n	4 2 2 4 1 62 4 70 113 16 22 13 6 3 1 11 14 1 8 5 3 2 7 62	1 5 3	1 4	1	2	3 1 1 2 2 1 1 1 1 3	2 20 2 14 24 5 5 5 2 4 3	1 4 39 2 55 85 11 17 2 2 1 5 10	2 2 2 2 2 5 1 32 53 4 14 8 3 2 1 3 7 4 3 1 4 4 2 4	2 2 1 37 3 38 60 12 8 5 3 1 8 7 1 4 2 1 3 3 8	2 2 2 7 1 13 22 4 1 6 1 2 1 7 4 1 6 2 2 3 3 3 2 2
TOTAL—All Causes		436	22	7	1	5	20	98	283	198	238	119

TOTALS	Diarrhoea	Other Defined Causes .	Nasal Obstruction .	Spina-Bifida	Pneumonia	Premature Birth .	Congenital Heart Disease	Measles	
7		2						<u> </u>	1 day and under
									2—7 days
-1) ¹		→			4			l l l l l l l l l l l l l l l l l l l
									8—14 days
									15—21 days
	}4								22—28 days
15	2	2	—	}4	-	∞			In First Month
6	1				4				2—3 months
								pd	4—6 months
									7-9 months
									10—12 months
. 22	3	2	1-	}4	5	∞	-	-	In First Year
w	<u></u>				}			—	1st Quarter
5		þend			}4	2	}		2nd Quarter
S		H	—	-	2				3rd Quarter
9	2					6			4th Quarter

Table E.—CAUSES OF INFANTILE MORTALITY IN SPENBOROUGH URBAN DISTRICT, 1945

Table F.—VITAL STATISTICS OF THE SPENBOROUGH URBAN DISTRICT FOR 1939-45

	1945	1944	1943	1942	1941	1940	1939	YEAR			
	33780	34040	34090	34960	35810	35540	36260	Population estimated to middle of each year			
Area Tota Estir Num	471	585	472	503	496	495	484	Number		Bir	
of District Populat nated Populat ber of inh	13.9	17.2	13.8	14.4	13.8	13.9	13.3	Rate		Births	
Area of District in Acres (La Total Population at all ages Estimated Population by Re Number of inhabited houses	312	329	311	287	329	384	329	Number	Dis	Total	
und and Inland (Census 1931) gistrar General	9.2	9.5	9.1	8.2	9.2	10.8	9.1	Rate	District	Total Deaths registered in the	
	∞	6	<u></u>	∞	Οı	6	~1	Transferabl non-resident in the I	ts registered		
Water) (Mid. 1945)	124	143	155	168	155	151	165	Transferabl residents no in the l	t regi	stered	
\$253 30963 33780 13965	22	28	16	27	19	20	18	Number	Under (Net	
	46.7	47.9	33.9	53.7	38.3	40.4	37.0	Rate per 1000 births	Under One year	Deaths be Dist	
	436	466	455	+47	479	529	487	Number	At all	Net Deaths belonging to the District	
	12.9	13.7	13.3	12.8	13.3	14.9	15.4	Rate	At all ages	o the	

TABLE G.

INFANTILE AND MATERNAL MORTALITY RATES OF SPENBOROUGH.

					Infant	Maternal	Infant Mortality	Maternal Mortality
Year.				Births.	Deaths.	Deaths.	Rate.	Rate.
1925 .				498	37	4	74	8.0
1026	•••••	*****	•••••	451	25	2	55	4.4
	•••••	•••••	*****			3	76	6.9
	*****	•••••	*****	434	33			
		•••••	•••••	438	22	1	50	2.3
1929 .	•••••	•••••	•••••	442	35	2	79	4.5
1930 .	•••••	•••••		413	18	Nil	44	
1931 .			•••••	396	31	2	78	4.9
1932	•••••	•••••		379	27	1	71	2.5
1933				396	15	2	38	4.9
1934		•••••	· · · · · · ·	338	16	Nil	47	
1935		•••••	•••••	378	15	3	39	7.9
1936				374	26	Nil	70	
1937		•••••		400	38	5	93	12.2
1938			•••••	462	30	Nil	66	
1939 .			•••••	484	1,8	Nil	37	
1940		•••••		495	20	5	40.4	9.6
1941	,			496	19	2	38.3	3.8
1942		•••••	•••••	503	27	Nil	53.7	
1943		•••••	•••••	472	16	2	33.9	4.0
1944	•••••		•••••	585	28	Nil	47.9	
1945		•••••		471	22	1	46.7	2.1

Whooping Cough
Erysipelas
Cerebro Spinal Fever Polio-Encephalitis Encephalitis Lethargica Measles Chicken Pox Pneumonia.... Disease TOTALS All Ages 89 31 33 130 712 15 67 59 Under 1 year 20 2 6 53 419 12 513 1 to 5 years 58 17 3 64 230 5 to 15 years 15 to 25 years 22 10 10 13 2 22 25 to 45 years 35377 2 45 to 65 years 10 16 S Over 65 years 10 12 Age Unknown Oakenshaw and 16 53 83 9 Hunsworth 12 65 2 Scholes 96 Cleckheaton 13 67 1 East Cleckheaton 10 49 2 79 West Spen and Littletown 105 768639 10 2 3 8 57 Millbridge 82 Hightown and 137 22 11 4 13 83 Hartshead Roberttown and 134 Norristhorpe 5 4 31 126 1 Gomersal 8 24 Birkenshaw 39 ر ا تر Removed to 1119 31 12 2 Hospital Diagnosis Revised Deaths

Table H.

CASES OF INFECTIOUS DISEASE

occuring

ui.

Spenborough Urban District

Wards, 1945.

classified according to Age Groups and

15

Table I. CASES OF INFECTIOUS DISEASE occurring in Spenborough Urban District classified according to Areas and Quarters, 1945

	Scarlet Fever Diphtheria Pneumonia		Disease
215	14 1 6 190 3	<u> </u>	CLECK
71	12 5 43 1	2 .	Cleckheaton, Hunsworth, Oakenshaw and Scholes
28	142 6	w	HUNSV IAW and
39	9 6 23 1	4	VORTH,
350	111 1 4 20 313	Н	Livers
3 5	1 2 5 5 5 1 9	2	Liversedge, Roberttown, Hartshead and Norristhorpe
21	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	w	SEDGE, ROBERT JARTSHEAD and Norristhorpe
51	10 17 4 15 2	4	rown,
155	2 3 1 145 4	—	
10	1 31 32	22	Gomersal and Birkenshaw
∞	1 1 1 2 2	ω	omersal and Birkenshaw
43	36	4	
720	27 4 6 6 648 7 1	⊢	
116	23 4 10 14 57 1 1	2	Spenborough
57	20 5 16 4 4 2	S	ROUGH
133	19 18 12 74 3 3	4	

1925 1926 1927 1928 1927 1930 1931 1931 1933 1933 1933 1934 1941 1942 1943 1943	Year
29 57	Smallpox
٧-١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١٥ ١	Enteric Fever
58 118 118 116 80 83 110 111 110 111 110 111 110 111 110 111 110 111 110 111 110 111 110 111 110 111 110	Scarlet Fever
3122412211 312427381 312427381 312427381 312427381 312427381 312427381 312427381 312427381 312427381 312427381 312427381	Diphtheria
33 33 33 33 33 33 33 33 33 33	Pneumonia
2 1	Cerebro Spinal Fever
981308115988116961133	Erysipelas
2 1	Malaria
27	Puerperal Fever
CC-1C4C C-4-1CO4CC-	Puerperal Pyrexia
C1 C2 C2 C4 C2 C4	Ophthalmia Neonatorum
80 74 74 75 74 75 75 76 81 81 83 81 83 81 83 81 83 81 83 83 83 83 83 83 83 83 83 84 85 86 86 86 86 86 86 86 86 86 86 86 86 86	Chicken Pox
14 15 20 15 15 20	Re s piratory Tuberculosis
13 10 10 10 11 11 11 11 11 11 11 11 11 11	Other Tuberculosis
911 98 440 521 195 712	Measles
79 275 99 245 102	Whooping Cough
	Other Diseases
218 204 204 203 331 447 518 302 621 335 347 340 256 340 256 1273 882 979 1438 1026	Totals

TUBERCULOSIS.

The Tuberculosis service in Spenborough is administered by the West Riding County Council, and a weekly clinic is held in the Council Offices, Knowler Hill, Liversedge. 14 cases of Tuberculosis were notified for the first time during the year. The following Table gives particulars of the age groups of new cases notified, together with similar information regarding the 7 deaths which occurred from this disease during the year.

TABLE K.

		New	Cases.			Dea		
Age Periods.		itory. F.	No Respir M.	atory.		ratory,. F.	Nor Respira M.	tory.
0						—		
1			_					
5	. —		3	1				1
10	. —		2	1				
15							*************	
20	. 2		_			1		
25	. 7	4		—		1	. —	
35	. —			1	1			
45	. 4	—	—	—	2			
55	. 1		1					
54 and upwards				1				1
Totals	. 14	4	6	4	3	2		2
3 Male Pulmonary Revised.	/—Dia	gnosis	1		Pulm n Dist	,	Remo	oved
6 Male Pulmonary	-Rec	overy.	1	Male	and	1 Fe	male N	Von-
5 Female Pulmonar				Pulr	nonar	y-Re	moved	
2 Male Non-Pulm					n Dist			
Recovery.	,							

The following Table gives the number of cases of Tuber-culosis on the register on December 31st, 1945.

	Pulmonary.	Non-Pulmonary.	Total.
Males	98	50	148
Females	67	41	108
		<u> </u>	•
	165	91	256

Six notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and six discharges. The following are the Institutions to which Tuberculosis patients were sent:—

	Admissions.	Discharges.
	Form I.	Form II.
Middleton-in-Wharfedale	1	1
Scotton Banks	2	2
Crock Hall Recovery Home	2	2
Open Air Hospital, Wirral	1	1
	—	
Totals	6	6

1.	Attendances at Ante-Natal Clinics.	
	Total during the year	1009
	Number of women attending for the first	
	time	368
	Elm Bank Clinic	161
	Valley Road Clinic	140
	Birkenshaw Clinic	67
2.	Work done by Midwives.	
	(a.) Labours conducted	226
	(b) Ante-Natal Visits	1166
	(c) Post-Natal Visits	3841
3.	No. of Maternity Cases admitted to Hospita	l under Council's

maternity scheme

MIDWIVES' ACT, 1936.

198

Midwifery Service—The West Riding County Council is the local supervising authority under the various Midwives' Acts, but the work of the midwives is co-ordinated through the local Health Department. Four midwives were available to Spenborough residents and 226 women were attended in their homes, a slight decrease from the number in 1944 (246). 198 mothers were admitted to hospital for confinement under arrangements made by the Spenborough Maternity and Child Welfare Committee with neighbouring hospitals, this figure representing a decrease from that of 1944 (222). The services of Mr. David Currie, F.R.C.O.G., have once again been made available to the Doctors in the area as Consultant Obstetrician and Gynaecologist.

INFANT WELFARE CENTRES.

The number of attendances at the Council's Infant Welfare Centres was 7801, showing a further increase of 250 over last year, and establishing a new attendance record; in particular, the number of children under 1 year of age (499) attending for the first time, is highly satisfactory.

Infant Welfare Clinics. (Total	attendance	s)	7801
	Babies.	Pre-School.	Total.
Elm Bank	1935	384	2319
Birkenshaw	1264	475	1739
Valley Road	1848	448	2296
Scholes	260	92	352
Roberttown	288	68	356
Gomersal	533	206	739
Total number of children under 1 y for the first time during the y	year	•••••	499
Total number of children between 1 for the first time during the y			100

HEALTH VISITORS.

(a)	Visits to	babies under 1 year	2731
(b)	Visits to	children 1 - school age	2737
(c)	Visits to	Expectant Mothers	407

The domicilary visiting has suffered considerably owing to shortage of staff at various times throughout the year, by reason of resignations, etc., and credit is due to the Health Visitors that the

amount of visiting has been maintained to the extent shown.

Dried Milk, public foods, and other products continue to be sold at cost price or provided free at the Centres. The amount of Cod Liver Oil, Orange Juice and vitamin products distributed to those entitled to receive them, remains highly satisfactory, and their use is strongly urged at Clinic interviews.

ADOPTION OF CHILDREN.

6 cases dealt with under the Act.

Total number of children in respect of whom notice was given, 7.

Number under supervision at the end of the year, 15.

No deaths during the year.

INFANT LIFE PROTECTION.

There are no children boarded out for reward with persons residing in Spenborough. The Health Visitors keep a careful lookout for any such cases and the local press is scrutinised for advertisements asking for children for reward or adoption. During the year a close liaison was maintained between the Department and the various Adoption Societies, and reports upon the suitability of homes for the reception of adopted children have been made from time to time. When adoptions have been completed the homes are visited regularly by the Health Visitors and suitable advice is offered.

AMBULANCE SERVICE.

The Council's Ambulance Service is administered by the Health Department, and in scope, equipment and personnel, it must stand favourable comparison with the service provided by any similar Authority in the country. During the year a total of 1195 removals were undertaken. On a number of occasions the service has been made available to residents in neighbouring Authorities.

HOSPITALS.

(a) Fever. The district is served by three hospitals each of which also received patients from an area outside Spenborough. Each hospital is administered by a Joint Hospital Board, the members of which are appointed by the constituent authorities. Only one of these hospitals (North Bierley Isolation Hospital) is situated within the Spenborough boundary; the others being Crossley Hospital situated in Mirfield, and the Oakwell Hospital in Birstall. These hospitals generally accept only cases of Scarlet Fever and Diphtheria, but occasionally when wards are available, cases of Enteric Fever and Cerebro Spinal Fever are also admitted.

- (b) Smallpox. A Smallpox Block is attached to the Crossley Hospital. This contains 40 beds and has been maintained by the Joint Hospital Board in a sound and well-equipped condition. In addition 20 beds are available in the Oakwell Smallpox Block to receive patients from the Birkenshaw and Gomersall areas.
- (c) Tuberculosis. Patients suffering from Tuberculosis and contacts are under the care of the West Riding County Council. The Tuberculosis Dispensary for out-patients is held at the Old Town Hall, Knowler Hill, Liversedge, where a West Riding Tuberculosis Officer attends once weekly to conduct examinations. When hospital treatment is necessary arrangements are under the control of the West Riding County Council.
- (d) Maternity. Provision is made for the admission to the Stain-cliffe Maternity Hospital or the Leeds Maternity Hospital of cases where there is illness during the ante-natal period, where an abnormality is expected or where home conditions are unsatisfactory. During 1945 mothers continued to avail themselves of the hospital facilities offered.

The number of mothers attending the Council's ante-natal clinics once again established a new high record of 368 compared with the previous record figure of 383 in 1944.

(e) General. Other patients requiring general medical or surgical treatment as hospital out-patients or in-patients used the hospitals in the neighbouring County Borough of Leeds, Bradford and Dewsbury.

ORTHOPAEDIC WORK.

The Spenborough Cripples League which is held at the Ellison Clinic, Cleckheaton, has again rendered valuable assistance to the Department in affording treatment to children and mothers referred to them. The orthopaedic work is carried out under the supervision of Mr. James Phillips, of Bradford. During the year children showing bone deformities or requiring massage, light, or similar treatment have been referred to the clinic with excellent results.

WAR-TIME NURSERIES.

The two War-Time Nurseries in the area have continued to function satisfactorily during the year in spite of recurrent staffing shortages which appear to be inevitable under existing conditions.

Nu	mber on Roll	Number on Roll
at	1st Jan., 1945.	at 31st Dec., 1945.
Moorend Nursery	35	40
Tenlands Nursery	29	23

TABLE L.

Housing Survey made in connection with Applications for Council Houses. Number of houses inspected 597 (a) Number of houses overcrowded (b) 212 Number of houses scheduled for Slum Clearance (c)151 Number of houses found to be insanitary 188 (d) (e) Number of houses scheduled for Slum Clearance and also found to be overcrowded 70 (These houses are included separately under b and c). Number of houses found to be both insanitary and (f) over-crowded 63 (These houses are included separately under b and d).

The following information referring to the work of the Sanitary Department has been furnished by Mr. J. F. Templeman, Chief Sanitary Inspector:

For the greater part of the year the inspectorial staff was depleted by the resignations of Mr. H. L. Ingham and Mr. F. W. Marsden, Chief Inspector, who left the Department in January and July, 1945, respectively. Pending their replacement, the routine work of the Department suffered to some extent, and this reflected for example, in the number of milk samples taken during the year, as compared with the previous year (1945 - 224, 1944 - 355). At the time of preparation of this Report the Department is fully staffed.

FACTORIES ACT, 1937.

Bakehouses.

There are 21 bakehouses in the area, and 33 inspections were made during the year. It was necessary to issue 4 informal notices on occupiers to cleanse their premises and these were complied with. Factories (Mechanical and Non-Mechanical).

70 inspections were made of these premises and the follow-

ing improvements were carried out :--

Particulars.	Number	of Defects
	Found.	Remedied.
Dirty Conditions	1	1
Defective W.C. Building	1	1
Absence of intervening venti-		
lated space	3	3
Doors without fasteners	8	8
Separate accommodation not		
provided for the sexes	1	1
Insufficient lighting	14	14

It is interesting to record that an approach was made to the Department by three firms in the district who were desirous of replacing out of date sanitary accommodation by building new sanitary conveniences. The necessary inspections were carried out and recommendations made and it is hoped that in the near future the old type conveniences will be replaced.

FOOD INSPECTION AND SUPERVISION. MILK SUPPLY.

Registration of Producers and Retailers.	
Registered Cowkeepers	87
Registered Producers (Retail)	73
Registered Producers (Wholesale)	14
Registered Retailers (Non Producers residing	
in the area)	. 19
Registered Retailers from other areas	. 8
MILK SPECIAL DESIGNATIONS ORDERS,	1936-42.
Number of Licences issued by the County Council.	
To produce Tuberculin Tested Milk	4
To produce Accredited Milk	22
Number of Licences issued by the Council.	
Principal licences to sell Pasteurised Milk	2
Principal licences to sell Tuberculin Tested Milk	1
Supplementary licences to sell Pasteurised	
Milk	3
Supplementary licences to sell Tuberculin	
Tested Milk	2
The following were registered during the wear	

The following were registered during the year.

2 Cowkeepers.

2 Wholesale Producers of Milk.

4 Retail Purveyors of Milk.

Producers of Tuberculin Tested Milk increased by two during the year and Accredited Producers 2.

222 Inspections were made to Dairies and Cowsheds. On the whole conditions were satisfactory and farmers were always willing to co-operate with and accept advice from inspectors of the department.

MILK SAMPLING.

The following tables show the number of samples taken during the year by the department and by the West Riding County Council:—

Spenborough Health Department.

,	Satisfactory.	Unsatisfactory.	Total.
Tuberculin Tested	5		5
Accredited	48	11	59
Pasteurised	4	_	4
Ordinary	117	30	147
· ·			-
	174	41	215

It is interesting to note that the percentage of unsatisfactory samples for Accredited Milk is 18.6% as compared with 20.4% for Ordinary Milk.

SCHOOL MILK.

	Satisfactory.	Unsatisfactory.	Total.
Accredited	6	<u> </u>	6
Pasteurised	7	1	8
	13	1	14

Every producer is notified of the result of any sample taken. In the case of an unsatisfactory sample the farm is visited and advice given as to the probable cause of the trouble. No difficulties were encountered and the following repeat sample was usually found to be satisfactory.

EXAMINATION FOR BACILLUS TUBERCULOSIS.

During the year 37 samples were submitted by the Department for examination for Tuberculosis. 28 were found to be negative and 5 positive. In 4 cases the test was not completed owing to the early death of pigs. The 5 positive samples were from 3 farms, two farms each giving 2 positive samples when repeat samples were taken. The inspectors of the Department worked in close co-operation with the Veterinary Inspectors of the Ministry of Agriculture and Fisheries.

As a result of the above investigations one cow was slaughtered under the T.B. Order at the Public Abattoir, Liversedge, and it was found to be affected with Generalised Tuberculosis. Investigations are still proceeding in connection with the positive results from two remaining herds.

Samples taken by the West Riding County Council as the

Licensing Authority.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936-42.

Tuberculin Tested Accredited	5	Unsatisfactory. 3	Total. 5 24
	26	3	

MEAT INSPECTION.

The following Table shows the number of animals slaughtered at the Public Abattoir, Liversedge, during the year:—

the Public Adattoir,	Liversea	ge, aurn	ig the	year:—	
Month.	Beasts.	Sheep.	Pigs	Calves.	Total.
January	134	797	39	204	1174
February	208	869	30	155	1262
March	346	1504	46	162	2058
April	. 359	1210	37	207	1813
May	330	160	4	120	614
June	114	163	1	93	371
July	416	465	81	162	1124
August	512	575	18	163	1268
September	551	1679	8	160	2398
October	701	2261	28	208	3198
November	384	2982	22	189	3577
December	128	1987	95	81	2291
					b
	4183	14652	409	1904	21148

THE TOTAL WEIGHT OF MEAT CONDEMNED DURING THE YEAR WAS:—

	Tons.	Cwts.	Qrs.	Lbs.
T.B	19	11		**************************************
Other Diseases	10	9		7
	30			7

609 visits were made to the Public and Private Slaughter-houses in the district.

The following unsound food was condemned and surrendered from shops, wholesale food premises and Ministry of Food Depots:—

	lbs.
Dates	78 -
Eggs	147
Tinned Food (1090 tins)	1177
Biscuits	$1\frac{1}{2}$
Fish	924
Butter	$20\frac{1}{2}$
Strawberries	14
Bacon	$17\frac{1}{2}$
Dried Peas	420
Cheese	21
Soya Flour	140
	$2960\frac{1}{2}$
·	

 $(1 \text{ ton } 3 \text{ cwts } 3 \text{ qrs. } \frac{1}{2} \text{ lb.})$

FOOD PREMISES.

During the year 520 visits were made to premises where food is prepared for sale or sold. Informal notices were served for the following defects, and all were complied with:—

BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF WATER.

Routine samples were taken every month throughout the district with the following results:—

Bacteriological.

Samples taken. Unsatisfactory. Satisfactory. Doubtful. 27 6 19 2

Chemical.

Samples taken. Satisfactory. 31

SANITARY INSPECTION OF DISTRICT.

Infectious Diseases	257
Dairies and Cowsheds	222
Factories	70
Bakehouses	33
Food Premises	276
Offensive Trades	6
Smoke Observations	10
Public Abattoir	609
Refuse Tips, Destructor and Salvage	399
	317
Housing Act Inspection	432
Housing Act re-visits	1035
Public Health Act Inspections	
Public Health Act re-visits	477
Nuisances	84
Butchers Shops	79
Shops Acts	58
Rats and Mice (Destruction) Act	107
Milk and Water Sampling	314
Verminous and Unclean Premises	89
Markets	52
Interviews	233
Miscellaneous	558
Complaints investigated	236
College and the second area and area an	
	5953

SUMMARY OF DEFECTS REMEDIED DURING 1945.

(Housing Act, 1936 — Public Health Act, 1936).

New dustbins provided		156
Defective wall plaster repaired		16
Damp walls remedied		42
Rainwater pipes and gutters repaired		53
Drains cleansed and repaired		36
W.C. Apparatus repaired		26
Ranges and Flues repaired	•••••	27
Roofs made weatherproof	•••••	45
Doors and windows repaired	•••••	45
Doors and windows repaired	*****	20
Ceilings repaired or reconstructed	*****	7
Stairs and floors repaired	•••••	3
Privies and ashpits repaired	•••••	•
Pointing and brickwork of walls repaired	*****	15
Wash boilers provided		1
Sinks and waste pipes renewed or repaired		29
Burst water pipes and cisterns repaired		24
Verminous premises disinfested		23
		568

INFORMAL AND STATUTORY NOTICES.

The following notices were served during the	year :-
Public Health Act, 1936.	
Informal Notices served	172
Informal Notices complied with	148
Informal Notices outstanding	24
Statutory Notices served	6
Statutory Notices complied with	6
(By Local Authority 1. By Owners 5).	
Housing Act, 1936.	
Informal Notices served	7 8
Informal Notices complied with	31
Informal Notices outstanding	24
Statutory Notices served	38
Statutory Notices complied with	40
Statutory Notices outstanding	6
(Including 8 from 1944, complied with in 1945). (By Local Authority 17, including 8 from 1944, By Owners 23).	

VERMINOUS PREMISES.

During the year three Council houses were found infested with vermin and were disinfested by H.C.N. Gas.

Twenty other houses in the district were found to be verminous of which eighteen were disinfested with sulphur and two with DDT/Geigy. A total of 89 inspections was made to verminous and unclean premises. It is interesting to record the experiment made with DDT/Geigy in two badly infested houses. The bedding was removed for disinfestation by steam and the bedsteads, walls, ceilings, floors and doors were sprayed with a 5% solution of DDT/Geigy in kerosene. The solution was applied at the rate of 1 quart to 300 square feet, thus giving an equivalent of 100 milligrams of DDT per square foot. Several days later a revisit was made. The tenant stated she had seen no live bugs since the treatment. Detailed inspection of the walls was made and no live bugs were found. The bedroom floors were next inspected and hundreds of dead bugs were found.

No live bugs have been found subsequently and the last inspection was made $3\frac{1}{2}$ months after the treatment was carried out. It appears certain that DDT will play a large part in disinfestation work in the future. It is easy to use and its lasting lethal effect will be of great importance when dealing with those tenants, who despite all efforts, allow their houses to become verminous.

RODENT CONTROL.

Rats and Mice (Destruction) Act, 1919. Infestation Order, 1943.

The Department has been very active in this work during the year. 107 visits and re-inspections were made. When a complaint was received an inspection was made and detailed advice given on carrying out a poisoning campaign in accordance with the Ministry of Food recommendations:

The following premises were disinfested during the year:

Public Abattoir Food Stores	13
Farm	1
Factories	3
Shops	2
Dwelling houses	6

SHOPS ACTS.

The number of shops in the Area is 200. 107 inspections were made during the year. 15 contraventions of the Act were found and all were complied with after informal action.

OFFENSIVE TRADES.

There are two offensive trades registered in the district.

1 Tripe Boiler.

1 Soap Boiler.

Regular inspections were made and no nuisances found.



